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## **Psych 101: Creating An Equitable Psychology Curriculum To Teach Students Dbt Mental Health Skills In An ALC Setting**

Cyrus Butler

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**PSYCH 101: CREATING AN EQUITABLE PSYCHOLOGY CURRICULUM TO  
TEACH STUDENTS DBT MENTAL HEALTH SKILLS IN AN ALC SETTING**

by Cyrus Butler

A capstone submitted in partial fulfillment of the requirements for the degree of Master  
of Arts in Teaching.

Hamline University

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## ABSTRACT

**Butler, C. (2021).** *Psych 101: Creating an Equitable Psychology Curriculum to Teach Students DBT Mental Health Skills in an ALC Setting.* The research question addressed in this project was, how can we create an equitable psychology curriculum to teach students DBT skills in an ALC setting? The rising mental health needs of modern teenagers were specified. The historical mistreatment of women, people of color, homosexual people, and transgender people in the field of psychology was detailed. Additionally, mental health outcome disparities and misdiagnosis of disorders for people of color were reported. Historical and current realities of education of marginalized populations in the United States were outlined. Culturally responsive teaching was proposed as a framework for creating an equitable curriculum. Factors that can contribute to poor teaching such as cultural blindness, implicit bias, and the deficit perspective were identified. The effectiveness of culturally responsive teaching in the classroom was reviewed. Dialectical behavior therapy (DBT) was identified as a promising method for teaching mental health skills to teens. Dialectics, or the concept that two opposing statements can be true at the same time, were portrayed. The impact of trauma on students in high schools was presented, and DBT was proposed as a possible method to build students' reliance to trauma. The four skills modules of DBT (mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness) were reviewed, and their usefulness and relevance to high school students' lives was explained. DBT skills and social-emotional learning were connected, and the impact of SEL in the high school classroom was expressed. The history and research related to the DBT STEPS-A curriculum were chronicled. A culturally responsive psychology curriculum was developed that included lessons about traditional psychology content, trauma, addiction, DBT, and each of the four DBT skills modules. The curriculum will be implemented at several diverse Twin Cities suburban ALCs starting in the summer of 2021. Finally, implications and limitations of the new curriculum were stated.

### **A Note on Capitalization**

In accordance with APA 7 guidelines, this paper capitalizes the words “Black” and “White” when referring to race. Organizations such as the Associated Press have proposed capitalizing only Black and not White (Bauder, 2020), so as not to convey legitimacy to White Supremacist ideology. I agree with Appiah (2020), however, that capitalizing White but not Black is cementing Whiteness as the default culture and setting Blackness apart from it, so I have capitalized both Black and White when referring to race in this paper. I hope that no one is offended by this choice.

## CHAPTER ONE

### INTRODUCTION

#### Overview

This capstone project is about creating a culturally responsive psychology curriculum at the high school level. In this introduction, I will lay out several main reasons why creating this curriculum is important. First, teenagers now have more mental health needs than ever, and a psychology class could be used to help them build life-long mental health skills. In this section, I will also briefly introduce dialectical behavior therapy (DBT) and explain why I believe this is an excellent therapy to teach to high school students. Next, I will describe how racism and teacher-student mismatch in Minnesota have contributed to the Black-White opportunity gap, and motivated me to create a culturally responsive curriculum. I then discuss the history of racism in psychology, and what a culturally responsive psychology curriculum could look like. Finally, I will explain how the psychology elective course at the alternative learning center (ALC) where I teach has been neglected. For these reasons, a culturally responsive psychology curriculum that is accessible to all high schoolers would be extremely valuable. As a precursor to creating this curriculum, this paper will seek to answer the following question: *How can we create an equitable psychology curriculum to teach students DBT skills in an ALC setting?*

#### Rising Mental Health Needs

For anyone working in a high school, it is almost impossible not to notice that students are struggling with their mental health at an unprecedented level. Depression and anxiety are rampant. In the United States alone, 13% of kids age 12-17 have had a



depressive episode (National Institute of Mental Health [NIMH], 2019) and over 30% of US adolescents have an anxiety disorder. The percent of children diagnosed with ADHD rose from 7.8% in 2003 to 11.0% in 2011 (NIMH, 2017), while the suicide rate for girls age 15-19 doubled between 2007 and 2015 (Center for Disease Control [CDC], 2017). Merrick (2019) found that over 60% of American adults have experienced at least one traumatic event. Further, technology has added to these issues. Many teens are addicted to their smartphones, spending an average of over 7 hours on their phones each day (Rideout & Robb, 2019), and this use is correlated with anxiety, depression, and other mental health problems (Alavi et al., 2020, p. 100). The trend is clear: teen mental health concerns are on the rise.

As a teacher at an alternative learning center for high school students ages 14-20, I see these issues play out every day that I teach. One of the biggest barriers for our students to learn is their mental health. Many of our students have difficulty finding motivation; sometimes they are not even motivated enough to come to school. Our school model is based on self-paced learning, so if a student isn't motivated, it is possible for them to not earn any credit at all for an extended period of time. Used to being on their phones, many of our students lash out when a teacher asks them to put their smartphone away and get some schoolwork done. Furthermore, having been through a lot of trauma, many of our students have an easily triggered fight-flight-freeze response. Some freeze up, put their heads down on their desk, and refuse to engage with anyone. Other students blow up or leave the school.

Working to reach these students has made me think - how can I engage them in a class where, in addition to learning about the discipline of psychology, they could learn

how to apply this knowledge to their own life? Obviously this is no substitute for one-on-one therapy with a licensed mental health professional (nothing truly is), but I think it could be helpful as a proactive supplement for many students. Learning about how the human brain works can provide valuable insights for all of us. With so many students having anxiety, think how valuable it could be to teach an entire class of students anxiety-management strategies. Moreover, learning about how the brain processes trauma could be eye-opening to millions of teens who have witnessed or experienced trauma. The therapy that I have chosen to borrow concepts, skills, and worksheets from is called dialectical behavior therapy (DBT). Originally created as a therapy for suicidal patients with borderline personality disorder, DBT has now been proven as an effective treatment for many mental illnesses. See chapter 2 for a detailed description of the history, philosophy, and research on DBT.

### **Race and the Opportunity Gap in Minnesota**

The issue of reaching all students, and Black students in particular, is especially important to me for two reasons: burgeoning social justice movements in Minnesota, where I teach, and the opportunity gap in Minnesota. Though Minnesota has a strong education system overall, we have one of the largest gaps between Black and White students in the nation.

The first reason that this issue is personal for me has to do with some of the events that have happened right here in the Twin Cities over the past several years. In 2016, when Philando Castile was shot and killed by a police officer during a traffic stop, I was teaching summer school in Roseville, very close to where this happened. One of the students in my class was related to Philando. When George Floyd was murdered by a

police officer in the summer of 2020, I found myself wondering what I could do to help change things and make life better for Black people in Minnesota and across the country. I donated money to social justice organizations, but still I felt that there was more that I could and should be doing. At one of our professional development sessions this year, we watched a video that Mauri Friestleben, the principal of Minneapolis North High School, posted online. It included the quote: "I don't need you to take time with my Black child telling her how anti-racist you are... Teach like you've never taught before. Let your revolution come through your instruction." (Friestleben, 2020). This quote made me stop and think - maybe one of the most important things that I can do is to do a good job as a teacher for my Black students.

Unfortunately, in Minnesota right now we are doing a very poor job teaching Black students. On average, Minnesotan students score well on standardized tests compared to the nation, but we also have one of the largest opportunity gaps between White and Black students. On the Minnesota Comprehensive Assessments (MCAs), 65% of White 4th graders score proficient on the math section, while only 31% of Black 4th graders are proficient. In 8th grade, 65% of White students score proficient on the reading section, yet only 35% of Black students achieve this score (Grunewald & Nath, 2019). Further, large gaps persist in graduation rates - in 2018, the high school graduation rate for White students was over 90%, and the same rate for Black students was about 75% (Grunewald & Nath, 2019). These gaps are significant and have remained large for decades.

One of the reasons for these differences is the large racial and cultural gap between the teachers and student populations in the United States. In 2017, 83% of

teachers in American public schools were White (National Center for Education Statistics [NCES], 2019), but only 49% the student population was White (NCES, 2020).

Furthermore, the average salary of American public school teachers in the 2017-18 school year was \$57,900 (NCES, 2020a), meaning most teachers earn a middle-class salary, while students come from all over the socioeconomic spectrum. These racial, cultural, and socioeconomic differences can make forging positive teacher-student relationships and teaching difficult, especially if the curriculum is not representative or inclusive for students of all backgrounds.

### **A Culturally Responsive, Anti-Racist Psychology Curriculum**

One method for bridging these teacher-student gaps is culturally relevant, or culturally responsive, teaching. Ladson-Billings (1995) defined culturally relevant teaching, sometimes referred to as culturally responsive teaching, as teaching that "empowers students to maintain cultural integrity, while succeeding academically" (p. 468). With this project, my aim is to create a psychology curriculum that is relevant to all of my students' lives and inclusive and representative for students of all races, genders, sexual orientations, and socioeconomic levels. I believe that when students see themselves and their culture reflected in the curriculum, they are able to achieve more academically. With this project, I hope to create material that is relevant and appealing to all students, while maintaining high standards and expectations.

Another goal I have for this curriculum is for it to be actively anti-racist, as defined by Kendi (2019). Kendi (2019) argues that any policy or idea that promotes inequity between races is racist, and any policy or idea that promotes equity between different races is anti-racist (pp. 17-18). Through this work, I hope to instill a spark in

students to find and destroy racial inequities where they exist in psychology and mental health. For example, one issue that I would like to discuss in this curriculum is racial bias in the field of psychology and in mental health treatment.

Psychology has a long, tortured history of racism that I hope to help students examine. Rush, an influential psychiatrist in the 1700s, (as cited in Perzichilli, 2020) claimed that Black people had a mental disorder he called “Negritude”, to which the only cure was to become White. In the 1850s, physician Cartwright (as cited in Perzichilli, 2020) defined a disorder called “drapetomania”, a mental illness that caused Black slaves to attempt to escape their captors. “Drapetomania” was listed in the Practical Medical Dictionary until 1914 (Perzichilli, 2020). During the Civil Rights movement of the 1960s, schizophrenia was reclassified as an aggressive, threatening disorder so that Black male activism could be blamed on mental illness (Perzichilli, 2020). Despite a similar prevalence of mental disorders, Black people used mental health services at about half the rate of Whites in 2012 (Cook et. al, 2017, p. 12). In 2018, 58.2 percent of Black and African American young adults 18-25 and 50.1 percent of adults 26-49 with serious mental illness did not receive treatment. (CDC, 2019) Not only are Black people less likely to receive mental health care, they are also more likely to receive poor quality care, and more likely to end services prematurely (Perzichilli, 2020).

Moreover, Black people are not the only ones marginalized by psychology. Homosexuality was listed as a disorder in the The Diagnostic and Statistical Manual of Mental Disorders (DSM) II until 1973 (Drescher, 2015), and as of this writing the DSM-5 still includes transphobic references to “transvestic disorder” (Whalen, n.d.).

I want the curriculum I am creating to critically examine this history and current reality. One thing that could help reduce mental health disparities is if the population of therapists were more racially diverse, and I think that starts with sparking diverse students' interest in psychology at a young age - something a high school psychology course is perfect for.

### **Neglect of Psychology at My School**

Despite high school students' rising mental health needs, relatively little attention is paid to high school psychology courses at the school where I work. Though we have recently added an on-site therapist who can provide therapy for students, the psychology curriculum remains woefully underdeveloped. Our PLC teacher groups meet weekly to improve our teaching and curricula, but the focus is always on core content classes - science, math, social studies, and English. Since psychology is an elective course and not required for students to graduate, little to no attention has been paid to it. Our school's psychology course currently consists of having students read chapters from a textbook and then answer questions at the end of each section, which is no one's idea of good teaching. As Big Sean said in a recent song, "In high School I learned chemistry, biology / But now how to cope with anxiety / Or how I could feel like I'm by myself on an island with depression on all sides of me" (Anderson, 2020). I intend for this course to remedy this. For the good of all our students, we should invest the time and resources needed to create high-quality high school psychology classes. In order to do this, I must answer my research question: *How can we create an equitable psychology curriculum to teach students DBT skills in an ALC setting?*

### **Summary**

In this introduction, I described the rationale for creating a culturally responsive high school psychology curriculum. I discussed how high school students have more mental health needs every year, and how a psychology course teaching DBT skills could be beneficial. I discussed social justice movements and the opportunity gap in Minnesota, explaining why this course must be culturally responsive and anti-racist. I briefly outlined some examples of racism, homophobia, and transphobia in psychology, and finally I explained how I feel that psychology is neglected and not given proper attention at the ALC where I teach. It is my hope that this introduction provided a solid rationale for investigating my research question: *How can we create an equitable psychology curriculum to teach students DBT skills in an ALC setting?*

The following is an outline of this paper. This paper sets out to answer the research question: *How can we create an equitable psychology curriculum to teach students DBT skills in an ALC setting?* In order to accomplish this, Chapter 2 reviews the related literature, starting with culturally responsive teaching. It begins by briefly describing the history of education of marginalized people in the United States, then outlining their current reality. Next, culturally responsive teaching is defined, then several pitfalls to be avoided when teaching across cultures are described, including implicit bias, the deficit perspective (viewing students through a deficit lens rather than focusing on their strengths), and cultural blindness (being unaware of your own culture and the culture in your classroom). The effectiveness of culturally responsive teaching (CRT) is evaluated, and core components of CRT are identified, including high expectations, cultural competence, and critical consciousness. In the final section of chapter 2, the literature about DBT is reviewed. I will describe the impact of trauma and

racial trauma specifically in schools, and connect that to how DBT could be helpful. DBT is defined, and the key concept of dialectics is described. Following this, the four DBT skills modules are also outlined, along with research supporting their use. The STEPS-A DBT curriculum is described and STEPS-A research is reviewed. Finally, the entire literature review is summarized.

Chapter 3 provides an overview of the project. The curriculum is first introduced along with the motivation for creating it. The setting (an alternative learning center located in a Twin Cities suburb) and audience (ALC students age 14-20) are identified. Students' backgrounds are analyzed in detail. After that, the curriculum is described - it will be a series of 10 self-paced lessons for students to complete independently. It will include content typically taught in a psychology course as well as DBT skills. As we design the curriculum, we will use the "Understanding by Design" framework (Wiggins & MicTighe, 2011) to organize the work. The student feedback form is laid out here as well. A timeline for this project is completed, and the end of this chapter provides a summary.

Lastly, chapter 4 is a critical reflection on the process of creating and implementing this curriculum.



## CHAPTER TWO

### LITERATURE REVIEW

#### Chapter Overview

This paper seeks to answer the question, *how can we create an equitable psychology curriculum to teach students Dialectical Behavior Therapy (DBT) skills in an ALC setting?* To accomplish this task, this chapter will analyze and synthesize research from several different areas. To set the context, the first section discusses the education of marginalized people in America (Tyack & Lowe, 1986; Irons, 2002) and how this has contributed to the opportunity gap that exists today (Bohrnstedt et al., 2015; Yaluma & Tyner, 2018). Next, culturally responsive teaching (as described in Gay, 2000) is chosen as an approach to reduce this opportunity gap. Implicit bias (Tatum, 2003) and cultural blindness (Gay, 2000) are described, as is quantitative research into the effectiveness of culturally responsive teaching. Culturally responsive teaching methods and implications for this curriculum are then discussed (Morrison et al., 2008). Finally, the last section of the literature review describes the effects of trauma on school-age youth (McInerney and McKlindon, 2014), and summarizes the dialectical behavioral therapy (DBT) approach, origins, and development.

#### Teaching Students from Marginalized Populations

##### *Historical Education of Marginalized People in America*

Public schools in the United States have a long history of racism and miseducation of students of color. Before the Civil War, southern Whites were very fearful of a Black uprising or rebellion. Because of this, the states of Alabama, Georgia, North and South Carolina, Mississippi, and Missouri all passed laws prohibiting teaching

Black slaves to read or write (Cornelius, 1991). According to Span and Sanya (2019), the United States is the only country in the world known to have passed anti-literacy laws. Discrimination against Black students was not limited to the South, either. White mobs in Ohio, New Hampshire and other states destroyed schools that wanted to teach black students (Banks, 1996).

After the Confederacy surrendered to the Union, ending the Civil War in 1865, the Reconstruction Era in the South began. The Union officially freed slaves, and Blacks in the South, allied with Radical Republicans in the North, experienced a brief period of power. They used this power to create universal schooling for all students including Black students (Tyack & Lowe, 1986). However, white supremacist Democrats soon came into power in the Southern states, and they ensured that Black schools were largely poorly funded and segregated (Tyack & Lowe, 1986, p.239). Meanwhile, the Northern states continued to deny education to Black students, with most states either excluding Blacks from public education completely, or segregating their schools (Klarman, 2007, p. 17).

From the 1870s through the 1950s, Jim Crow laws codified segregation and unequal treatment of Black and White students into law (Irons, 2002). Extreme funding disparities between Black and White schools persisted for many years. In 1930, Mississippi spent \$31 per White pupil and \$6 per Black pupil, and South Carolina spent \$53 per White student yet only \$5 per Black student (Irons, 2002). Because of this lack of resources, conditions at Black schools were abysmal. According to Brooker (2013), many Black schools in the Jim Crow era had “leaking roofs, sagging floors, and windows without glass” (para. 3). The schools were overcrowded and lacked desks, books, and

other important resources. Additionally, Black teachers were poorly paid, leading to few qualified Black teachers entering the profession. In 1931, nearly half the Black high school teachers in Alabama did not know eighth and ninth grade material (Irons, 2002).

Other people of color have also been mistreated at the hands of our racist education system. Native Americans face unique issues due to the generational and traumatic impact educational colonization has had and continues to have on Native communities. Starting in the 1800's, leaders in the United States began to use education as a tool to assimilate Native Americans into the dominant White, American culture (Adams, 1995). Richard Henry Pratt, the founder of the Carlisle Indian Industrial School, stated that his goal was to “kill the Indian, and save the man” (Demby, 2014). Boarding schools such as the Carlisle Indian Industrial School forcibly abducted American Indian children from their reservations and communities, and forced them to travel large distances to the Industrial School. Once the Indian children arrived at the school, workers at the school cut their hair, changed their names to Christian names, and banned all expressions of Native American cultures and languages. Breaking these rules was punished by severe physical and psychological consequences (Adams, 1995; Lovern & Knowles, 2005). According to Lovern and Knowles (2005), boarding schools operated in the United States until 1973.

The legacy of boarding schools is still with us today. Although boarding schools like the Carlisle School are no longer in operation, a cultural omission has existed in the curriculum of public schools in the United States to disregard, mitigate, and omit not only the history of boarding schools for Native Americans but also to relegate Native histories, cultural practices, and languages to niches and side stories to the more dominant White

American narrative. Omission of Native histories and minimizing the negative effect of the dominant culture's impact on the Native people has led to a marginalized community relegated to the side story of history at best and the villain at worst. This continues today, with Native American history still being taught in a biased and inaccurate manner in many schools (Meyer, 2011, p.1). Quigley (2018) states that her own children have brought home books from the public schools containing racist phrases such as "those dirty Indians", "the squaw brought him food" (p. 2). Clearly, Native students continue to face systematic and systemic oppression within the curriculum of American public schools.

Latinx people have also been mistreated by racist policies and teaching. Like other immigrant groups to the United States, Latinx people have faced much anti-immigrant sentiment over the years. This sentiment led to segregation laws similar to those that Black people faced in the South, as well as English-only policies in schools (Lara, 2009). For example, Texas passed a law establishing public schools in 1854. However, schools were not allowed to access the money provided by this law unless English was the language of instruction (Hoffman, 1974). Another reason for banning Spanish was that similar to the Native American boarding schools, many schools in the Southwest had an explicit goal of assimilating or "Americanizing" Latinx students (MacDonald, n.d.). Though Latinx students were not generally segregated by law, it was common custom in many states to place Latinx students in separate classrooms or schools from White students (Donato & Hanson, 2019). Often this was justified with the argument that these students had special language needs, but many of these students actually spoke English (Donato & Hanson, 2019). Latinx students continued to be subject

to discrimination and segregated schools for many years, with a Federal District Court finally ruling in 1970 that Mexican-Americans were a protected minority group and thus subject to protection from segregation (Salinas, 1970).

### ***Current Education of People of Color***

Though progress has been made, inequalities between Black and White students persist today. In 1954, *Brown v. Board of Education* ostensibly desegregated public schools. However, many schools remained segregated for long periods of time, with one town in Mississippi finally desegregating its schools in 2017 (Rios, 2017). Despite serving the same number of students, schools that serve a majority-minority population have \$23 billion less in funding than schools serving a majority-white population (Lombardo, 2019). Black kids make up 18 percent of preschool enrollment, yet 48 percent of preschool students who are suspended are Black (Cokley, 2016). Black students are less likely to have access to college preparatory courses, are underrepresented in honors and AP courses, tend to have less experienced teachers, are given lower expectations by teachers, and are given out-of-school suspensions (and thus miss valuable instruction time) at about three times the rate of White students (Cokley, 2016). Clearly, this is a significant issue that is still present today.

Racism is not relegated to some distant past. Even today Black and White students do not go to the same schools - de facto residential segregation, much of it due to historical and current racism in real estate such as redlining practices, has simply replaced explicit legal segregation (Bohrnstedt et al., 2015). In 2011, White students attended schools that were an average of 9 percent Black, while Black students attended schools that were 48 percent Black on average (Bohrnstedt et al., 2015, p.1). Further, even Black

students who attend school alongside White students often receive a completely different education - tracking has led to students of color being overrepresented in lower track classes while Whites are overrepresented in AP and college prep classes (Carter & Welner, 2013, pp.169-173). Additionally, students of color are underrepresented in gifted and talented programs nationally, leading to less college preparation, less student motivation, and lower achievement (Yaluma & Tyner, 2018). Statistics are similar, and in some cases even worse for the Latinx population. Just 11 percent of Latino adults have attained a bachelor's degree compared with 23.7 percent of White adults (Schadk & Nichols, 2017). Further, the high school dropout rate for Hispanics in 2018 was 8.0%, compared to 6.4% for Black students and 4.2% for White students (NCES, n.d.)

These are structural issues in society and schools that cannot be fixed through curriculum work. That does not mean, however, that curriculum work is unimportant. Even when students of color are going to the same school as White students and attending the same classes, they are likely to still have issues because of lack of cultural understanding by White teachers and curriculum designed by White people (Gay, 2010, p. 13). Gay (2000) argued that White teachers need more than just good intentions if they wanted to help decrease the opportunity gap - they needed to understand their students' culture and know their students as individuals. As an example of this, she described the situation of missionaries teaching freedmen in the aftermath of the Civil War. Woodson (as cited by Gay 2000) explained how although these missionaries were earnest and excited about their task, they failed because they:

Had more enthusiasm than knowledge. They did not understand the task before them. This undertaking, too, was more of an effort toward social

uplift than actual education. Their aim was to transform the Negroes, not to develop them. The freedmen who were to be enlightened were given little thought, for the best friends of the race, ill-taught themselves, followed the traditional curricula of the times which did not take the Negro into consideration except to pity him. (p. 13)

Almost a hundred years later, this quote is still applicable to today's schools. Nearly half of all teachers leave the profession within their first five years, and schools serving low-income students of color have the highest teacher attrition rates (Haynes, 2014, p. 3). How can these teachers be expected to learn the skills to effectively relate to students of different backgrounds in such a short amount of time? Further, Woodson's quote speaks to the importance of careful, deliberate planning when creating lessons so that teachers do not reproduce racist and Eurocentric ideas by default. For these reasons, a well-thought and researched method is clearly necessary to address the historical racism in American schools and reduce the opportunity gap (Gay, 2000). One promising method is culturally responsive teaching, which I will describe in the following section.

### **Culturally Responsive Teaching**

Lower teacher expectations, White teachers teaching students of color, teachers' lack of cultural awareness, and nonrepresentative curricula designed by Whites, along with socioeconomic issues outside of schools contribute to an opportunity gap where students of color do not achieve as well in school compared to White students. Kendi (2019) defines racism as any action or policy that increases inequalities between races, and anti-racism as any action or policy that decreases inequalities between races (p. 13). Therefore, it is imperative that any new curriculum teachers create will need to help

decrease this opportunity gap. The goal of this section is to identify best practices for reducing the opportunity gap and teaching students of all backgrounds, so they can be woven throughout the curriculum that is created. I will start by explicitly defining culturally responsive teaching.

### ***Defining Culturally Responsive Teaching***

Culturally responsive or culturally relevant teaching (CRT) has been around for a long time and is well-researched. CRT has been defined in several ways, so I will outline the most common definitions. Though others had used the term before, Ladson-Billings (1995) widely popularized CRT in education circles. Ladson-Billings (1995) defined CRT as teaching that "empowers students to maintain cultural integrity, while succeeding academically" (p. 468). Gay (2000) built on this foundation, coining the term *culturally responsive pedagogy* as "the use of cultural knowledge, prior experiences, frames of reference, and performance styles of ethnically diverse students to make learning encounters more relevant to, and effective for students" (p. 36). Gay emphasized that new learning must relate to students' previous learning, and fit into their worldview. When discussing culturally responsive teaching, this paper will use Gay's (2000) definition.

### ***Implicit Bias and the Deficit Perspective***

In the United States, all of us live in a racist society. We consume racist media, and are exposed to racist ideas, often without us being aware of it (Tatum, 2003). Tatum (2003) gives an apt metaphor for the racist culture Americans experience everyday:

Books, computer games, the Web, television - there are so many places that we can be exposed to stereotypes, that we can be exposed to distorted information... Think about these stereotypes, these omissions, these



distortions as a kind of environment that surrounds us, like smog in the air. We don't breathe it because we like it. We don't breathe it because we think it's good for us. We breathe it because it's the only air that's available.

And in the same way, we're taking in misinformation not because we want it. When you or your child sits in front of the television on Saturday morning watching cartoons, you're not saying let's have our daily diet of stereotypes today. But you're being exposed to them because they're just there, in the commercials, in the images that you're watching. And it's so pervasive that you don't even notice it sometimes. In fact, a lot of the time you don't notice it. (par. 43)

As the above quote indicates, living in our racist and sexist society has created unconscious prejudiced beliefs against stereotyped groups, or implicit biases. In many cases, we may not even be aware of our implicit biases. Research has shown that implicit biases are prevalent in our country across demographics and topics (Nosek et al., 2007). Harmful implicit biases in a classroom may include believing that students of one group will achieve better in school or achieve better in a specific subject than other students. For example, one study showed that teachers who had more pro-White implicit bias had lower achievement among their Black students (Jacoby-Senghor et al., 2016).

These beliefs, which may be conscious or unconscious, can influence teachers to view students negatively, creating a deficit perspective where students or student behaviors are seen as a problem or lacking (Hollie, 2017, p.30). This leads to ineffective teaching, where instead of engaging with students' strengths, students are taught in a

traditional way, then left to sink-or-swim. Instead of focusing on what students are lacking, however, CRT advocates teaching to students strengths, harnessing what students are already good at to teach them academic skills. Hollie (2017) advocates a three-step strategy to avoid unconscious bias (pp. 31-33). The first step is to check your filter and be aware of where your information comes from - all information has a bias of some kind, and we are all shaped by our experiences. Second, question your belief system: if your information is not always accurate, neither are your beliefs. The last step is listen to what Hollie (2017) calls your “deficit monitor”, or your internal voice alerting you to biases and inaccuracy - basically, try to logically question your snap judgments (p. 32).

### ***Cultural Blindness***

Another aspect of our society’s racism is cultural blindness. Teachers sometimes believe that knowledge, teaching, and learning, are culture-neutral, or that “good teachers anywhere are good teachers everywhere” (Gay, 2000, p. 22). Pai (1990), however, contends that:

Our goals, how we teach, what we teach, how we relate to children and each other are rooted in the norms of our culture. Our society's predominant worldview and cultural norms are so deeply ingrained in how we educate children that we seldom think about the possibility that there may be other different but equally legitimate and effective approaches to teaching and learning. In a society with as much sociocultural and racial diversity as the United States, the lack of this wonderment about alternative ways often results in unequal education and social injustice. (p. 229)

In order to move forward in educating students of different backgrounds, it is first necessary to identify ourselves and open our eyes from cultural blindness. The better we know ourselves - racially, ethnically, and culturally, etc. - the better we are able to affirm others (Villicana et al., 2011). Hollie (2017) identified seven Rings of Culture: age, orientation, gender, ethnic, national, religious, and socioeconomic (p. 38). Hollie distinguished ethnicity from racial identity. Hollie defined ethnicity, or culture, as “the way life is organized within an identifiable community or group”. Hollie contended that educators must be responsive first and foremost to students’ ethnocultural identities, but not at the expense of the six other Rings of Culture (p. 38).

Thus, I will take this space to identify myself: I am a White, cisgender, heterosexual, atheist, middle-class, 34-year-old man. Knowing my own identity, the goal will be to bridge the gap between my cultural background and that of my students. In many aspects of identity, there are differences between myself and my students. I am White, and slightly over half of our students are people of color. Our student body includes White, Black, Asian-American (mostly Hmong), and Latinx students. Most of our students are cisgender and heterosexual as am I, but we have had several trans students and many gay students as well. I do not know any exact statistics, but anecdotally many of our students are religious and attend church, while I do not. I have a middle to upper class background, and about half of our students are on free or reduced lunch, which means there is a socioeconomic gap as well. These gaps are significant and numerous. I have been a teacher at the school where I work for over five years, so I have gotten a chance to know many of our students well, and always take time to ask them about their personal lives and interests as I build relationships.

Keeping in mind the identity gaps between myself and my students, I will do my best to use an equity lens and create anti-racist, feminist, and pro-LGBTQ+ lessons for this curriculum. Hopefully, the knowledge that I have gained about culturally responsive teaching will enable me to relate and facilitate learning for my students more effectively. I contend, and research such as Tatum (2006) supports, that students can achieve at a much greater level when they see themselves represented in school. Therefore, even if students have very different identities than me, hopefully they will feel heard and represented in the curriculum. Students' backgrounds will be described in greater detail in chapter three.

### ***Effectiveness of Culturally Responsive Teaching***

CRT ideas sound great in theory, but it is important to test them empirically. Some have argued that culturally responsive teaching is under-researched. For instance, Bottiani et al., (2017) pointed out that most analyses of CRT are qualitative descriptions of classrooms or teachers that cannot establish a causal link between CRT interventions and student outcomes (p. 1). However, Byrd (2016), Larson et al. (2018), Dee and Penner (2017), Portes et al. (2017), Rodriguez et al. (2004), and others have conducted randomized controlled trial quantitative studies, and the results are promising. For example, culturally responsive teaching practices are associated with greater interest in school and more feelings of belonging (Byrd, 2016). Additionally, Larson et al. (2018) found that CRT is associated with more positive behaviors from students. Dee and Penner (2017) showed that implementing CRT in a ninth-grade ethnic studies classroom significantly improved students' attendance by 21% and GPAs by 1.4 points. For younger students, Portes et al. (2017) concluded that a CRT intervention in elementary schoolers

led to higher test scores in reading, science, math, and social studies. Furthermore, Rodriguez et al. (2004) concluded that a CRT outreach program resulted in higher math and science reasoning scores for 10th graders. Though more quantitative studies should be conducted, the research that is out there suggests that CRT is effective in classrooms.

### ***Components of a Culturally Responsive Curriculum***

Morrison et al. (2008) used Ladson-Billings's (1995) framework of CRT to identify three components of CRT: high expectations, cultural competence, and critical consciousness. I will detail each of these components below.

**High Expectations.** In a CRT classroom there are high expectations and also high support for students. In this scenario, the teacher is conceptualized as a “warm demander” - kind, helpful, and establishing authentic relationships with students, yet also strict in requiring high student effort (Bondy & Ross, 2008). High-level concepts are taught, but lots of scaffolding and modeling must be included as well (Morrison et al., 2008). For example, teachers might think out loud while solving problems, or encourage students to collaborate and help each other with difficult work. Expectations should be described in detail, and teachers should frequently assess student learning. According to Morrison et al. (2008), to help students reach high expectations, teachers should also teach to students' strengths, create and nurture cooperative learning environments, and maintain high behavioral expectations. Teaching to students' strengths ensures that teachers are identifying their students' strengths, thus naturally avoiding the deficit mindset (Hollie, 2017). It is especially important for students to have a positive experience with material early on so they do not immediately disengage. Teachers with good knowledge of their

students' strengths should be able to create positive first impressions, then advance to more challenging lessons (Brown, 2003).

**Cultural Competence.** The next identified component of CRT is cultural competence, or a “dynamic or synergistic relationship between home/community culture and school culture” (Ladson-Billings, 1995, p. 467). In developing students' cultural competence, students should be able to achieve academically while maintaining their own positive cultural and ethnic identity. Morrison et al. (2008) described several methods of building students' cultural competency, such as reshaping the curriculum and building on students' prior knowledge. According to Carter and Welner (2013), “To provide rich opportunities to learn, curricula need to sufficiently reflect the realities of students” (p.151). Despite this fact, many curricula do not achieve this. Thus, it is necessary to shape the curriculum so that it is relevant for your students, wherever it is that you are currently teaching. Some examples of ways to do this are using works from authors of color, bringing in primary sources, asking students to bring in materials from their homes or communities, etc ( Hickling-Hudson & Ahlquist, 2003). However it is done, the goal is to create curriculum that is relevant and important to students' lives, that students will be intrinsically motivated to work hard at. Building on students' prior knowledge means connecting learning to something that students already know. Gay (2000) suggested tapping into students' “funds of knowledge” to build on them and teach academic skills (pp. 209-217). No one wants to learn something if they don't see any purpose to it, or how it connects to the real world.

**Critical Consciousness.** The final identified component of CRT is critical consciousness, defined as “helping students to recognize, understand, and critique current

social inequities” (Ladson-Billings, 1995, p. 476). Techniques that teachers have employed to achieve this goal include critical literacy, engaging students in social justice work, sharing power in the classroom, and making power dynamics explicit (Morrison et al., 2008). For critical literacy, teachers might select texts with critical perspectives, allow students to discuss controversial topics, provide alternative reading materials or sources, and help develop a critical perspective in students (Duran, 1998).

### **Summary of Culturally Responsive Teaching**

This section identified the need for CRT - there is a large opportunity gap in the United States between White students and students of color and a history of racism in American education. The philosophy and theory behind CRT as well as quantitative research about CRT’s effectiveness in the classroom were described. This section described what a culturally responsive curriculum might look like in practice, breaking CRT down into three components: high expectations, cultural competence, and critical consciousness. Examples of specific methods that teachers have implemented these components in their classrooms were given, and implications of the research for this project were discussed. Next, this paper will discuss dialectical-behavioral therapy, a mental health therapy that I will draw from when designing the curriculum. This will help assist in answering this paper’s question, *how can we create an equitable psychology curriculum to teach students DBT skills in an ALC setting?*

### **Dialectical-Behavioral Therapy (DBT)**

This section of the literature review will provide an overview of the impact of trauma on students, describe what dialectical behavioral therapy (DBT) is, summarize

research on the benefits of DBT skills, and explain the philosophy and ideas of the therapy.

### ***Trauma in Schools***

McInerney and McKlindon (2014) define trauma as “a response to a negative external event or series of events which surpasses the child’s ordinary coping skills” (p. 1). Trauma can include events such as witnessing or being the victim of abuse or violence, vehicle accidents, medical trauma, and more. According to McInerney and McKlindon (2014), between one half and two thirds of students experience trauma. Trauma can impact brain development, cause an oversensitive fight-flight-freeze response, and severely impact students’ ability to succeed in school (Streeck-Fischer & van der Kolk, 2016).

Students from any background may have experienced trauma, but it is more common among marginalized populations. Black and Hispanic people report experiencing trauma at a higher rate, and are more likely to have multiple traumatic experiences than Whites (Andrews et al., 2015). Emerson et al., (2017) found that American Indian people were twice as likely to have PTSD than White people. Many students of color have experienced racial trauma - “events of danger related to real or perceived experience of racial discrimination” (Comas-Díaz et al., 2019). Examples of racial trauma are assault, threats, humiliation or shaming, and witnessing discrimination towards others. Experiencing racial discrimination causes people to feel more distress, frustration, and anxiety; have lower physical and mental health; and abuse drugs (Williams et al., 2018). Moreover, racially traumatic events often recur, making healing particularly difficult (Comas-Díaz et al., 2019).



Something as common as being pulled over by the police is often a tense, nerve-wracking experience for Black youth, who are killed by police at twice the rate of Whites (Swaine et al., 2015). There is a brutal history of policing Black people in America. The first organized police departments in the United States were slave patrols that went after slaves who escaped their masters (Reichel, 1988). According to Mapping Police Violence (2020), police officers killed 1,127 people in America in 2020. Of those killed, 28% were Black, despite Black people only representing 13% of the population in America. Black people killed by police are also more likely to be unarmed. However, police officers are rarely charged for these killings - only 1% of officers who fatally shot someone in 2017 were charged with a crime (Stinson, 2017). Furthermore, Black youths are stopped, interrogated, and arrested by police at higher rates than Whites (Smith Lee & Robinson, 2019, p. 145).

These experiences with police have a serious impact on Black and Brown youth's mental health (Smith Lee & Robinson, 2019, p. 146). In states where one or more police killings of unarmed Black people occurred in the prior 3 months, Black adults had more poor mental health days than White adults (Bor et al., 2018). Black adolescent males exposed to nationally publicized cases of police killings through the media disclosed fear of police and a serious concern for their personal safety and mortality in the presence of police officers (Staggers-Hakim, 2016). Intrusive police stops, such as being frisked or threatened with violence, were correlated with higher rates of PTSD for Black males than for White or Hispanic males, suggesting that exposure to police violence may be a significant traumatic event in the lives of Black males (Geller et al., 2014). With the advent of cell phone cameras, police killings and other violent police incidents are now

watched by millions of Black and Brown youth. One exposure to these incidents, even through a video, is often enough to cause anxiety, hypervigilance, and a fear of police (Bor et al., 2018).

Members of the LGBTQ+ community also experience trauma at a much higher rate than others, contributing to many mental health needs. Scheer et al. (2019) found that among LGBTQ+ individuals, exposure to potentially traumatic events was associated with shame, depression symptoms, PTSD symptoms, substance use, chronic health conditions, and somatic symptoms. Additionally, each episode of LGBTQ+ victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times (Mustanski et al., 2010). Of particular concern is a high rate of suicide attempts. LGBTQ+ youth seriously contemplate suicide at almost three times the rate of heterosexual youth and are almost five times as likely to have attempted suicide (The Trevor Project, 2021). Furthermore, suicide attempts by LGBTQ+ youth and questioning youth are 4 to 6 times more likely to require treatment from a doctor or nurse, compared to their straight peers (The Trevor Project, 2021). These students who have experienced trauma will likely need assistance in healing from these events.

Learning about psychology and mental health in a psychology class, while it may not be sufficient by itself, could contribute to a healing effort. I was unable to find any research specifically about improving mental health through a psychology course, so as far as I know, this will be a unique course. One way that DBT could assist traumatized students is by helping them build resilience skills. Luthar et al. (2000) defined resilience as “a dynamic process encompassing positive adaptation within the context of significant adversity” (p. 1). According to Vieira et al. (2020), resilient people are somewhat

protected from the long-term negative effects of trauma. Resilience is not a character or personality trait, but rather a characteristic dependent on biological, cultural, and social factors that determines how a child will react to trauma (Southwick et al., 2014). One protective factor that promotes resilience to trauma is having coping skills that can be applied to different situations (National Child Traumatic Stress Network, 2016), and DBT can teach coping skills. DBT skills that build resiliency include regulating emotions, increasing positive emotions, practicing mindfulness, using stress inoculation, and more (Hall, 2015). Knowing these skills could thus boost students' resilience to future trauma.

### ***Dialectical Behavior Therapy Defined***

Dialectical behavior therapy, or DBT, is an evidence-based psychotherapy that was created in the 1980s by Linehan to treat bipolar disorder (Chapman, 2006). DBT is a form of cognitive behavioral therapy (CBT). CBT focuses on improving mental health by challenging negative or irrational thoughts (Beck, 2011, pp. 19-20). DBT differs from CBT in that it places greater emphasis on changing behavior rather than thoughts, and is guided by a different theory than CBT (Moonshine, 2011). They also differ in that CBT uses reasoning and the Socratic method to challenge irrational beliefs, while DBT is more focused on mindfulness skills (Moonshine, 2011).

Though DBT was originally conceived as a way to treat patients with borderline personality disorder, research has shown it to be an effective treatment for many psychological disorders including post-traumatic stress disorder, eating disorders, depression, and more (Linehan et al., 2016; Linehan, 2016). Researchers have also found DBT to be an effective form of therapy for teens, specifically for suicidal behavior (Fleischhaker et al., 2011), bipolar disorder (Goldstein et al., 2015), and borderline

personality disorder (Rathus & Miller, 2002). Clearly, there are a wide variety of mental illnesses for which DBT is useful. Additionally, I would contend that the skills DBT teaches can be helpful for people of all ages and backgrounds.

### ***Dialectics.***

The dialectical in DBT comes from dialectical philosophy - the therapist must constantly strive to balance opposing forces such as acceptance and change (Chapman, 2006). Interestingly, when Linehan first created this therapy, it was completely change-oriented. However, she soon found this was ineffective, with many of her patients dropping out of the treatment. So, Linehan added the opposite of change - acceptance. As part of the treatment, Linehan helped her therapists show acceptance of their patients, and helped her patients to accept themselves (Chapman, 2006). However, acceptance by itself is obviously incomplete - simply accepting patients as they are without helping them to change and improve is not accomplishing a lot (Chapman, 2006). One of Linehan's key insights was that people must hold contradictory ideas in their heads at the same time - for example, both that they are doing the best that they can, and that they must change and improve. Other dialectics include seeking the balance between *sitting with* versus *problem-solving*, *help-seeking* versus *self-efficacy*, and *availability* versus *limits*.

### ***DBT Skills***

In practice, DBT usually includes one-on-one therapy sessions with a licensed therapist plus group sessions where clients learn and practice mental health skills (Pederson, 2016, p.3). DBT teaches four skills: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness (Grohol, 2020). In each of these modules, clients are taught skills that they are expected to practice on their own. Through learning

these skills, students are better able to stay present in the moment, learn to accept difficult emotions and situations when necessary, regulate their emotions, and improve their relationships with others (Grohol, 2020). DBT skills classes generally have three to ten students attending sessions that are between one and two and a half hours (Vaughn, 2020). The classes are facilitated by a teacher, but students are expected to contribute and connect the material to their own lives (Vaughn, 2020).

**Mindfulness.** The first DBT skill that I will discuss is mindfulness. Inspired by Zen Buddhism, DBT was the first psychotherapy to include a mindfulness component. (Linehan, 2017). According to Linehan (1993), mindfulness skills “are psychological and behavioral versions of meditation skills” (p, 144). They involve learning to observe, describe, and participate in events, emotions, and behavioral responses. Another way of thinking about it is purposely paying attention to what is happening right now, non-judgmentally. Benefits of mindfulness include: reduced rumination or dwelling on negative thoughts, reduced stress, increased working memory and ability to focus, less emotional reactivity, and more (Davis & Hayes, 2012).

DBT describes three different states of mind - reasonable, emotional, and wise (Pederson, 2016, p.7). Reasonable mind is when a person is approaching things logically, thinking rationally, and unemotional. Some activities that would call for a reasonable state of mind are: measuring the ingredients to bake a cake, studying, or reading a research paper (Dietz, 2012). Flying a plane is also something that requires a reasonable mind - you would not want your pilot to react emotionally while flying a plane! Emotional mind, on the other hand, is when a person’s emotions are heightened, causing logic and planning to be much more difficult. Having a fight, running away, or doing

something impulsively are all times when a person would be in emotional mind (Dietz, 2012). Schenk (2012) described the pitfalls of thinking completely emotionally or completely logically:

There is a natural human tendency to operate from a place of pure reason and pure emotion. When we are viewing the world through either lens, we miss out on the big picture. It can feel cold and lifeless to view events and relationships with nothing but logic and rational thought. Conversely, it can feel chaotic and disorganized to view our lives from the perspective of pure emotion. (para. 1)

Clearly, neither emotional nor rational thinking is complete by itself, so we must strive to balance and integrate emotions and reason (Schenk, 2012). We want to make reasonable decisions that are informed by our emotions. In DBT this is called wise mind. When in a wise mind state, one uses their emotion and reason to inform one another, creating a deep intuition. This might be experienced as a “gut feeling”, instinct, or wise voice in your head (Schenk, 2012). Lineahan (1993) describes it as a combination of “direct experience, immediate cognition, and the grasping of the meaning, significance, or truth of an event without relying on intellectual analysis” (p. 214).

There are two steps to achieving the wise mind state: observe and describe, and participate effectively (Pederson, 2016, p.8). In the observe and describe step, one is observing their environment and thoughts, feelings, without judgment, then describing the experience with words. The next step, participate effectively, is about applying the mindful state to make productive decisions - making mindful choices, focusing on what is required in the moment, and keeping goals in mind (Pederson, 2016, p.9). By entering a

wise mind state, we are able to avoid both emotional overreactions from the emotional mind. We also avoid fretting over the future or ruminating over the past or our problems with the rational mind. In the wise mind state, we are able to make decisions with a clear head, and act in our best interest.(Schenk, 2012)

**Distress Tolerance.** The next DBT skill is distress tolerance. Distress tolerance is defined as “the ability to perceive one’s environment without putting demands on it to be different; to experience one’s current emotional state without attempting to change it; and to observe one’s own thoughts and action patterns without attempting to stop or control them” (Linehan, 1993, p. 147). I like to think about this as being *comfortable being uncomfortable*. Increased distress tolerance has been associated with many benefits, such as regulating and accepting one’s mood, less use of alcohol or marijuana as a coping mechanism (O’Cleirigh et al., 2007; Simons & Gaher, 2005), fewer depressive symptoms (O’Cleirigh et al., 2007), and more healthy eating behaviors among patients with bulimia (Anestis et al., 2007). Distress tolerance skills in DBT include distracting one’s mind from the problem, self-soothing to regulate mood, creating positive thoughts, and focusing on long-term goals (Pederson, 2016).

Another component of distress tolerance is radical acceptance. When we experience extreme negative emotions, our reactions are often to think *Why me?*, or blame ourselves or others for the situation (Schenk, 2014). This can actually compound our pain, as we ruminate on the causes of our loss or cling to what we wanted. Radical acceptance means to “fully embrace whatever experience may be occurring, even if you don’t particularly like it” (Schenk, 2014, par. 2). Importantly, this does not mean that the future cannot be changed, just that in order to make changes, we must first accept reality

as it is right now. There will still be pain - acceptance does not eliminate pain, but it helps us to move forward in our lives (Schenk, 2014).

**Emotional Regulation.** The third major DBT skill is emotion regulation.

According to Miller et al. (2007), emotion regulation skills “aim to help clients regulate painful affective states” (p. 214). The emotion regulation skills module includes teaching about the functions of emotions, identifying emotions, increasing positive events, reducing emotional vulnerability, and more (Miller et al., 2007). People who can better regulate their emotions tend to have better mental health and greater incomes (Côté et al., 2010) along with experiencing more positive emotions, less depression, and improved relationships (Gross, 2003). Moreover, poor emotion regulation skills are associated with anxiety disorders and increased PTSD symptoms among PTSD patients (Cisler et al., 2009). Anxiety and depression are two of the most common mental health concerns among teens (NIMH, 2019). Therefore, I believe that learning better emotional regulation skills could be extremely valuable for their long-term mental health.

DBT has several acronyms to help remember how to build emotional regulation skills. The first acronym, ABC, stands for Accumulating positive experiences, Building mastery, and Coping with emotional situations (Linehan, 2014). DBT clients are advised to actively seek out short and long-term positive experiences. Short-term experiences could be as simple as going out for a meal or spending time with friends. In the long-term, clients are advised to make changes in their life so that positive experiences happen more often, focusing on building relationships, pursuing goals, and living a satisfying life (Sunrise Residential Treatment Center, 2017). Building mastery is about acting daily to increase competence and control of one’s life. Each day, choose a task that



will help you fulfill a goal. Gradually increase the difficulty of the tasks as time goes on. Finally, coping with emotional situations means creating a plan ahead of time for how you will respond when in an emotional situation (Linehan, 2014).

The next acronym is PLEASE, this is all about physical health. PL stands for treating Physical illness - take care of your body, seeing a doctor when necessary. E means Eating - eat three healthy meals a day, avoiding processed foods when possible. A stands for Avoid mood-altering drugs, S is for Sleep, and E is for Exercise daily (Linehan, 2014). These may sound like common-sense ideas, but in my experience teaching at an ALC, I have worked with many students who are doing few or none of these things. Many teens stay up late into the night every night, eat processed foods, and get little or no exercise every day. They then come to school and have difficulty focusing. If a curriculum was able to effectively teach these skills, I believe students would be able to achieve more in all of their classes, not just psychology.

Lastly, DBT teaches something called opposite-to-emotion action. Basically, as we experience emotions, we also feel urges to take certain actions. This is an important and healthy thing, generally (Rollin, 2017, par. 5). For example, if a car were to suddenly swerve towards you, you would experience fear and an intense urge to run away. Hopefully this urge would lead to you taking quick action and avoiding the car! Sometimes the urges from our emotions become counterproductive, however. For instance, sadness can cause us to withdraw and isolate ourselves. Being alone can then make us more sad, causing a destructive cycle. This is where acting opposite comes in (Rollin, 2017, par. 7). Instead of withdrawing further when we feel sad, we should notice that this is happening and take the opposite action - get active and engage with others.

This breaks the cycle of maladaptive behavior, and helps to improve mood and mental well-being.

**Interpersonal Effectiveness.** The final DBT skill is interpersonal effectiveness. Interpersonal effectiveness skills include “strategies for asking for what one wants or needs, saying no, coping with conflict and maintaining healthy relationships, and maintaining self-respect” (Miller et al., 2007, p. 214). Clients also learn to identify beliefs that interfere with interpersonal effectiveness, and factors to consider when deciding how strongly to assert oneself. Interpersonal effectiveness can be divided into three different goals: keeping and maintaining healthy relationships, getting someone to do what you want, and maintaining your self-respect (Linehan, 2014).

GIVE is an acronym to help remember four key skills to build and maintain relationships. GIVE stands for Genuine, Interest, Validate, and Easy manner (Pederson, 2016, p. 19). Genuine means to be your true self. Interest means to show interest in the other person - make eye contact, listen to what they are saying, don't interrupt, and more. Validate means showing that you understand the other person's point of view by saying things such as “I can see this is difficult for you” (Bray, 2013). Finally, Easy manner means using humor, smiling, and having non-threatening body language (Bray, 2013). This is a straightforward method to having positive interactions with others.

Objective effectiveness, or getting someone to do what you want, is a little more complicated. The acronym for this set of skills is DEAR MAN. DEAR MAN stands for Describing the situation, Expressing your feelings, Asserting what you want, Reinforcing the positive effects of getting what you want, Mindfully staying focused, Appearing confident, and Negotiating (Pederson, 2016, p. 19). DEAR MAN can be used for conflict

resolution, or to respectfully and effectively make a request. It can also be used to make difficult conversations easier, reduce arguments, and increase empathy (Sunrise Residential Treatment Center, 2018).

### ***Social-Emotional Learning (SEL)***

These interpersonal skills are “soft skills” that are not explicitly taught in school, yet are nonetheless necessary for students to be successful both in school (Appleby, 2017) and in their careers after high school or college (White, 2013). In 2013, over 60% of employers reported that job applicants lack “communication and interpersonal skills” (White, 2013, par. 3). In another employer survey, 44% of employers responded that “soft skills, such as communication, critical thinking, creativity and collaboration” were the area of greatest need for job applicants. To do well at school and jobs, students need to know how to advocate for themselves, get along with others, work effectively as a team, and ask for help when necessary. In schools, the term social-emotional learning (SEL) is often used rather than soft skills. According to the Collaborative for Academic, Social, and Emotional Learning (CASEL) (2020), SEL skills include self-awareness, social awareness, self-management, responsible decision making, and relationship skills. According to the research done by CASEL (2019), adding an SEL program to a school has the following significant impacts:

- 27% more students would improve their academic performance at the end of the program;
- 57% more would gain in their skills levels;
- 24% more would have improved social behaviors and lower levels of distress;

- 23% more would have improved attitudes; and
- 22% more would show fewer conduct problems (p. 2)

SEL programs can also impact students long after they have completed them - students who have done an SEL program have improved academics, less drug use, fewer conduct problems, and less emotional distress up to 18 years after doing an SEL program (CASEL, 2020). Moreover, SEL improves students' lifetime outcomes: SEL decreases students' chances of living in, receiving public assistance, interacting with police (CASEL, 2020). The DBT skills align well with the CASEL social emotional learning core competencies (Spina, 2020). Therefore, teaching students interpersonal skills such as DEAR MAN and GIVE could effectively prepare them for success at school, in the workplace, and in life. DBT skills could be especially useful to students who have had traumatic experiences. Part of mindfulness is observation without judgment (Pederson, 2016, p. 8). Follette et al. (2006) argued that adding mindfulness could improve therapy for trauma survivors, stating "Most importantly, the process of noticing and contacting private experiences without judgment is a part of the path to self-acceptance, which is a fundamental issue for many trauma survivors" (p. 58). Instead of maladaptive behaviors such as self-harming or drug use, trauma survivors can learn to use emotion regulation and distress tolerance skills to deal with strong emotions due to trauma (Tull, 2020). Rather than lashing out at a loved one, a trauma survivor could use interpersonal effectiveness skills to express themselves while maintaining their relationship. Bohus et al. (2020) found that DBT was more effective than cognitive processing therapy in treating post-traumatic stress disorder (PTSD). Finally, for those most affected by trauma

and thinking of taking their own life, DBT is one of the most effective therapies for reducing self-harm and suicidal behaviors (Fleischaker et al., 2011).

### ***DBT STEPS-A Curriculum***

In the above sections, I have described research showing the efficacy of DBT as a form of therapy for adults and adolescents. This section describes and reviews the research about a DBT skills curriculum for middle school and high school students called DBT STEPS-A, which stands for Dialectical Behavior Therapy Skills Training for Emotional Problem Solving for Adolescents (Mazza et al., 2016). The DBT STEPS-A Curriculum contains thirty days worth of lessons on the four DBT skills module (Mazza et al., 2016). To teach students these skills, the psychology curriculum I am creating will borrow and adapt material from the DBT STEPS-A lessons.

Research into the effectiveness of the STEPS-A on student outcomes has been somewhat limited, but the results so far are promising. Haskell et al. (2014) found that ninth graders who completed a STEPS-A class had significantly lower levels of emotional distress compared to a control group. In another study, Mazza and Hanson (2014) taught students at an alternative school the first two modules of the STEPS-A curriculum (Mindfulness and Distress Tolerance), and found that 80% of students said that they would use the skills themselves. Zapolski and Smith (2017) taught a nine-week DBT STEPS-A class in urban middle schools, concluding that students who were enrolled in the class were significantly less likely to engage in risky behaviors. Further, Flynn et al. (2018) noted that students age 15-16 who completed a DBT STEPS-A course scored better on an Emotional Symptom Index (a scale combining measures of social stress, anxiety, depression, sense of inadequacy, self-esteem and self-reliance) and

Internalising Problems (composed of scales measuring atypicality, locus of control, social stress, anxiety, depression, sense of inadequacy, and somatization). These students were also likely to report using the DBT skills that they had learned. However, Spina (2020) studied the impact of an 11-week DBT course on American sixth graders, and found no statistically significant impact on students' DBT skill use, dysfunctional coping, or blaming others. Possible explanations for the lack of statistically significant results include that there was a smaller group of students and that students were younger than in the Flynn et al. (2018) study. Nevertheless, despite these results over 90% of the students rated the class as helpful. The results from Spina (2020) notwithstanding, the research as a whole on DBT STEPS-A is promising, and I believe that it has the potential to be extremely helpful for students, especially our ALC population.

### ***Summary of DBT***

In summary, it is clear that there are many benefits to learning DBT skills such as mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness (Pederson, 2016). These skills are supported by research and have been tested on people of many different backgrounds and ages, including teens (Fleischhaker et al., 2011; Goldstein et al., 2015; Rathus & Miller, 2002). They are effective for helping a variety of common disorders, including anxiety, depression, borderlines personality disorder, PTSD, eating disorders, and more (Linehan et al., 2016). Furthermore, the structure of hour-long DBT skills group classes lends itself well to adapting to a high school environment (Miller et al., 2007). For the above reasons, DBT is an excellent therapy to draw insights and resources from and to teach to high school learners.

### **Summary of Literature Review**

This literature review analysed and synthesized research in many areas, attempting to answer the question, *how can we create an equitable psychology curriculum to teach students DBT skills in an ALC setting?* The history of racism in American education was discussed, along with how this has impacted today's opportunity gap for students of color. The current reality of education for students of color in America was described. Culturally responsive teaching was defined, research on its effectiveness was described. Examples of culturally responsive teaching methods were outlined. Next, the impact of trauma on the student population in the US was examined, with emphasis on marginalized populations such as students of color and LGBTQ+ students. Finally, the four dialectical behavioral therapy (DBT) skills modules (Mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness) were detailed, along with research on their effectiveness, and their potential uses to help students who have been through trauma. The next chapter will attempt to apply the learnings in this literature review to create a culturally responsive curriculum that will teach my ALC students DBT skills.

## CHAPTER THREE

### PROJECT DESCRIPTION

#### **Introduction**

In addition to the current COVID-19 epidemic, high school students today are facing a mental health epidemic. Millions of teenagers are experiencing anxiety, depression, PTSD, and other mental illnesses. Because of this, I was inspired to create a curriculum to teach students skills they could use to improve their mental health. Because of current and historical racism and mistreatment of marginalized groups in schools, I also felt that it was extremely important that this curriculum be equitable for students of all backgrounds. For these reasons, the previous chapters of this paper introduced and researched the question, *How can we create an equitable psychology curriculum to teach students DBT skills in an ALC setting?*

This chapter provides a detailed description of my project. To start, the demographics of my ALC are described, along with other potential audiences for this work. The general structure and content of the course are then outlined. Next, the *Understanding by Design* instructional design philosophy (Wiggins & McTighe, 2011) and its implications for the design of this curriculum are explained. Culturally responsive aspects of the curriculum are discussed. Lastly, timelines for completing this curriculum and for teaching the class are provided.

#### **Audience and Setting**

I plan to roll out this curriculum first to students at the alternative learning center (ALC) where I work. I will also make it available to the other ALCs that are part of the district. Eventually, I hope to make the curriculum available for free online to any teacher who wishes to use it. Our student population is composed mainly of students who for one



reason or another did not have success in a traditional school - they may be behind in credits, dealing with substance abuse issues, behavioral issues in past schools, or have faced bullying in other schools. Students can be recommended to attend an ALC by a school counselor, or sometimes students or parents seek out an ALC because they want something different than a traditional high school. We have also had students who were too busy working and contributing to their family's income to complete homework - at the ALC, we do not assign any homework. Anecdotally, I and many other teachers in the district have observed that our students have many mental health needs, and many of them have experienced trauma. Unfortunately this is not tracked, so I do not have hard data available to prove this. In all, our population is a very diverse group of students defying broad generalizations.

To further identify the students at my school, I will again use Hollie's (2017) seven "Rings of Culture": age, orientation, gender, ethnic, national, religious, and socioeconomic (p.38). The students at my school are between 14 and 20 years old. The majority are heterosexual and cisgender, but we have several openly gay students as well as several trans students. The student population includes students who are White, Black, Hmong American, Native American, Hispanic / Latinx, multiracial, and more. The school is slightly over 50% students of color. I do not have any quantitative data on students' religions, but I know from experience that many are Christian, some are Muslim, and others are atheist or other religion. In terms of socioeconomic status, slightly under 50% of our students are eligible for free or reduced lunch.

### **Project Description**

I work at an alternative school where most of the learning takes place through self-paced, online classes which we refer to as “lab classes”. Before the COVID-19 outbreak, our school day consisted of five hours of self-paced lab classes plus one hour of traditional teacher-led class (we call this “group class”). Additionally, at our school we break the year down into six separate six-week terms. Thus, for this project, I created 1.0 credits of self-paced lab class lessons. In the future, I also plan to create a unit plan for a six-week teacher-led group class worth .4 credits. Both the lab and group classes included traditional psychology content and DBT mental health skills. Lessons were created for all four of the main DBT skills: mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness. Psychology career exploration, the effects of trauma on the brain, and the treatment of marginalized groups in psychology were also included.

This curriculum was created with the aid of several well-qualified people. Meg Wagner, another licensed science teacher who has taught at another ALC in the district for seven years, assisted in backwards planning, developing assessments, and creating learning activities. Kari Smith, a licensed marriage and family therapist with a Master’s in Arts in Marriage and Family Therapy, provided input and resources about DBT and is planning on co-teaching the group class with me. Ms. Smith previously worked at a children’s residential center for severely emotionally disturbed children before her current position as a school TAP therapist. Jamie Sheahan, the district’s digital curriculum coordinator, provided support in aligning standards and uploading course content to the online platform, Schoology. Regarding myself, I am a licensed science teacher and have been teaching in the district for six years now.

The curriculum will contain the following tasks for students to complete:

<b>Task</b>	<b>Title</b>	<b>Person who completed</b>
<b>1</b>	Introduction to psychology	Meg Wagner
<b>2</b>	Social psychology	Meg Wagner
<b>3</b>	Abnormal psychology	Anne Wegscheider
<b>4</b>	Trauma	Jamie Sheahan
<b>5</b>	Addiction	Meg Wagner
<b>6</b>	Types of Therapy and DBT	Myself (Cyrus Butler)
<b>7</b>	Mindfulness	Myself (Cyrus Butler)
<b>8</b>	Distress Tolerance	Myself (Cyrus Butler)
<b>9</b>	Emotion Regulation	Myself (Cyrus Butler)
<b>10</b>	Interpersonal Effectiveness	Myself (Cyrus Butler)

## **Method**

To provide a framework for learning, the *Understanding by Design* (Wiggins & McTighe, 2011) philosophy was used. Wiggins and McTighe (2011) propose that there are two “twin sins” of instructional design - activity-focused design and coverage (p. 3). In activity-focused design, students are asked to participate in a series of hands-on activities. These activities are often engaging and fun for students. When the focus is solely on activities, however, it is easy to have vague or nonexistent objectives for student learning and understanding (Wiggins & McTighe, 2011, p. 16). Wiggins and McTighe (2011) term this type of design “hands-on without being minds-on” - the activities are often attention-grabbing and absorbing but do not plan adequately for learning (p. 16). The other “twin sin” of instructional design is coverage. In

coverage-based instruction, a teacher attempts to cover a set amount of material, often a textbook. This leads to unconnected, superficial learning of a wide variety of topics, where students often do not see the big picture and are unable to apply their knowledge (Wiggins & McTighe, 2011, pp. 16-17) As a science teacher, I see the results of coverage instruction all the time in my physics and chemistry courses - if students are not given an explicit formula and shown how to solve a problem, they are lost. To fight these “twin sins” of instructional design, Wiggins and McTighe (2011) suggested a three-stage model for planning instruction: identify desired results, determine acceptable evidence, and plan learning experiences. This framework was used to help write goals and objectives and to create student activities. Below is a table listing the learning objectives of each task:

<b>Task</b>	<b>Title</b>	<b>Objectives</b>
<b>1</b>	Introduction to psychology	I can define psychology and explain a variety of approaches to psychology. I can explain the evolving nature of psychology as a scientific discipline.
<b>2</b>	Social psychology	I can identify disparities in psychology pertaining to mental health, treatment and misdiagnosis. I can identify the impact (feelings, behavior, thoughts, environmental, societal) psychology disparities have on various cultures.
<b>3</b>	Abnormal psychology	I understand the definition of abnormal behavior and it's subjective method of criterion. I can analyze the origins of common disorders and the power these diagnoses hold. I can explain how common mental disorders impact people.
<b>4</b>	Trauma	I can describe how traumatic events affect the brain.

		I can utilize strategies to reduce the impact of triggers and increase my resiliency.
<b>5</b>	Addiction	I can explain the biology and psychology of drug addiction. I can describe how drugs affect the brain.
<b>6</b>	Types of Therapy and DBT	I can describe different forms of therapy, and explain their pros and cons. I can explain what DBT is and how it could be useful in my life.
<b>7</b>	Mindfulness	I can identify when I am in each state of mind: emotion, reasonable, and wise mind. I can apply the DBT Mindfulness “What” skills - Observe, Describe and Participate.
<b>8</b>	Distress Tolerance	I can make a DBT Pros and Cons list to make good decisions.. I can use distress tolerance skills (ACCEPTS and self-soothe) to get through stressful situations without giving in to impulsive urges.
<b>9</b>	Emotion Regulation	I can use “check the facts” to determine if my interpretation and feelings fit the situation I am in. I can use “Opposite to Emotion action” to change my feelings if they do not fit the facts.
<b>10</b>	Interpersonal Effectiveness	I can build and maintain positive relationships using GIVE skills. I can maintain my self-respect with the FAST technique.

Taking into consideration what was learned from chapter two, all efforts were made to make this course culturally responsive, as defined by Gay (2000). Readings and resources were selected so that students of all races, genders, and orientations would be represented in the curriculum. Having taught at this school for six years now, I have gotten to know our student body well, so I have a good idea of material that they will

relate to and engage with. Resources were also selected based on perceived relevance to students' lives and interests. Socratic Seminars were planned around controversial topics in psychology. Student feedback was solicited as part of the curriculum development process. In order to obtain this feedback, students who were enrolled in psychology and completing our old curriculum were asked to volunteer to complete some of the new tasks and offer their feedback. I created a google form to fill out that included seven questions. The first three questions were scale responses from 1 (Strongly disagree) to 5 (Strongly agree). Here are the first three questions:

- This task challenged me to think critically (in a new way or with a new perspective)
- This task was relevant to my life (It included topics I care about or could use in my life.)
- This task connected with my identity (i.e., I saw people like me, I saw topics that matter to my life, etc.)

These questions were asked to help determine if the course is succeeding in its mission of being culturally responsive and relevant to students' lives. Two open-ended text entry questions were also included to allow student voice. These questions were, "What did you like the most about this task?" and "In your opinion, how could this task be improved?". These questions offered a chance to highlight positive aspects of the task and offer specific suggestions for improvement. Finally, two optional demographic questions were added at the end, including "How do you identify your gender?" and "How do you identify your race?" The goal was to examine the data and ensure that

people of all genders and races could relate to the material. After students completed the tasks, student feedback was examined and tasks were revised based on their input.

Treatment of marginalized groups within the discipline of psychology (and mental health treatment disparities) were taught so as to raise students' critical consciousness. The power dynamics of psychology were analyzed, with emphasis on the influence of the White, heterosexual, cisgender, male perspective (Harrogate, 2019, pp. 6-10; Turban, 2020). Collaborative learning and student-centered activities were created and included.

Some teachers implementing CRT have taken it a step further and engaged students in social justice work (Morison et al., 2008). As part of this curriculum, lessons were included about the history of repression of marginalized groups in psychology. Student feedback was solicited throughout the curriculum design process. Additionally, projects were created so that at several points in the class, students will have the opportunity to complete a project if they are interested.

Also drawing from the literature review, specific skills and concepts from DBT were selected to include in the curriculum. A lesson was created so that students could understand a little bit about the history and background of DBT, and how it could be useful in their lives. Assessments and learning activities were created for each of the four of the main DBT skills. Assessments were created with an eye toward making students apply their knowledge in an authentic way, either reflecting on events in their own lives or responding to a realistic scenario. Learning activities were planned around peer instruction / cooperative learning as much as possible, as this is a highly effective, culturally responsive strategy.

### **Timeline**

This project was completed in May 2021. The curriculum was outlined and objectives for each lesson were written in January 2021. Throughout the rest of the spring, readings, videos, websites and other resources were gathered, and questions were written for students to answer. The self-paced course will be made available for students during the summer of 2021.

### **Summary**

This project involved the creation of both a self-paced and teacher-led psychology elective course for students to take. It was designed to be culturally responsive, accessible, and equitable for the students at my school and the other ALCs of my district. This chapter described the rationale for and process of creating this course. The *Understanding by Design* (McTighe & Wiggins, 2011) approach to creating curriculum was used, and the course was designed with Gay's (2000) definition of culturally responsive pedagogy in mind. The DBT skills to be included in the curriculum were also described. Next, chapter four will provide a reflection on this project.



## CHAPTER FOUR

### REFLECTION

#### **Introduction**

This paper was seeking to answer the question, *How can we create an equitable psychology curriculum to teach students DBT skills in an ALC setting?* This chapter will reflect on the process of creating a psychology curriculum that included DBT skills modules to be implemented in my district of ALCs. I will discuss what I learned during the process of writing the introduction and literature review, then address implications and limitations of this project, and outline how I believe that this project is a benefit to the profession. Finally, the last section summarizes what I have learned throughout the entire process of researching and writing this paper, along with creating the curriculum.

#### **What I learned from the Introduction**

I started writing the introduction to this paper by thinking about why I wanted to do this project. The foremost reason in my mind was to help teens manage their mental health. Teen health statistics are eye-popping - almost a third of US adolescents are diagnosed with an anxiety disorder (NIMH, 2017), while the suicide rate for girls age 15-19 doubled between 2007 and 2015 (CDC, 2017). However, I have a more personal motivation to do this work: I have been through depressive episodes in my life. I know what it feels like to think that you are a bad person, to not want to get out of bed in the morning, and even to have thoughts of killing yourself. If this curriculum helps even one student to manage their life and their mental health better, then I believe that it is worth doing.

As I wrote the introduction to this paper, I learned a lot about the history of psychology, in terms of how it has impacted different marginalized communities. I knew that Black people and other people of color had worse mental health outcomes than White people, but I had no idea the extent to which the field of psychology was controlled and used to advance an agenda of racism, sexism, homophobia, and transphobia. I learned that slaves who attempted to escape their captors were labelled with a psychological disorder called “drapetomania”, and that this was listed as an official disorder until 1914 (Perzichilli, 2020). I knew that homosexuality was listed as a disorder in the past, but I did not know that even the current Diagnostic and Statistical Manual (DSM) includes “transvestitic disorder”, branding being transgender as a mental disorder. Learning this history inspired me to try and make psychology interesting to a diverse student population and include so that maybe one day some of them could study psychology in college and create a more just and equitable field of psychology, where people of all backgrounds are encouraged and supported.

### **What I learned from The Literature Review**

As I look back at my literature review, many things stand out to me. The start of the literature review detailed the history of American education of marginalized groups. I was aware of some of this history, but going deep into the research opened my eyes in many ways. I was horrified to learn that the United States is the only country to ever have an anti-literacy law on the books - in many Southern states, it was illegal for slaves to learn to read and write (Span and Sanya, 2019). We are not that far removed from a time when Black people in the United States were treated as subhuman property, and this has been happening for so long now that it has become normalized, with many people unable

to see it. I keep coming back to the Tatum (2003) comparison of racist stereotypes to smog in the air - we all breathe it in, and if it is all that someone has ever known, how are they to know that it is not normal?

I think that the culturally responsive teaching (CRT) section of the literature review was one of the most influential in terms of creating the project. Gay (2000) and (2010) was clearly an influential source, as I used her definition of CRT: “the use of cultural knowledge, prior experiences, frames of reference, and performance styles of ethnically diverse students to make learning encounters more relevant to, and effective for students” (p. 36). As I worked on creating lessons, finding resources, writing questions, etc., I kept these goals in mind.

I have known for a long time that there is a lot of material in our society that is racist, homophobic, sexist, etc, but working on this project put some of that in focus. For example, as I was adding art to the google slides presentations, I found that when I searched for generic images to use, the images were almost always of White people. For instance, if you search “handshake” in google images, the top row of results is all White hands. So I went out of my way to find images of people of color doing the same activities and being portrayed and depicted in a positive way. As I looked for videos of therapists discussing DBT, I again tried to make a point to find people of color who had posted videos on these topics, because if you don’t do this, it would be easy to end up with a series of videos that are all White people. As a White, heterosexual, straight, cisgender male I do not have the experience of being repressed, discriminated, excluded, stereotyped, etc., so I probably miss some things that others would pick up on. Because

of this, I have tried to educate myself and listen to perspectives of coworkers and students with different backgrounds.

While doing research for this paper, I also learned many things about dialectical behavior therapy (DBT). When I started this project, I believed for a while that no one had taught a high school psychology class dedicated to improving mental health. This all changed several months into the project when I discovered the DBT Skills Training for Emotional Problem Solving in Adolescents (STEPS-A) curriculum (Mazza et al., 2016). Not only had teachers taught these classes, but there was already a publicly available curriculum created. I purchased a copy of this curriculum, and reviewed the research that others had done on it. I was able to use this curriculum as a base, and adapt material, resources, and questions from it to fit the needs of my students and our teaching model at the ALC.

As I researched the literature about DBT, I learned about racial trauma from sources like Comas-Diaz et al. (2019), and how living in a Black or Brown body in our society can lead to racial trauma such as assault, threats, humiliation, discrimination, etc. About nine months ago, I wrote in the introduction to this paper about how the police murder of George Floyd motivated me to create an anti-racist curriculum. As I write these words, before the Derek Chauvin trial was concluded, yet another Black person was killed by police in the Twin Cities - this time Daunte Wright. Words cannot express how this news saddened me. To me, this underscores the importance of mental health, checking in with our students, giving them a voice, and letting them know that we care about them. In addition to viewing police killings like this on the news or on their social media, many of our students have experienced abuse at the hands of police. Because

events like this continue to happen, I think that proactive, trauma-informed mental health curricula are only going to become more important over time. I also believe that DBT is an excellent framework for recovering from trauma and building resilience in our students by teaching them skills such as distress tolerance and emotion regulation.

Another topic that I learned a lot about as I researched and wrote the literature is social-emotional learning, or SEL. Before I wrote this paper, I knew very little about SEL. I learned from CASEL (2019 and 2020) that SEL classes have a wide variety of significant benefits for students, both academic and non-academic. I was surprised to learn that students can reap the benefits of completing an SEL class for up to 18 years after they completed the class. As I began writing this paper, I thought about how important “soft” skills, or interpersonal skills, are considered in many workplaces (Appleby, 2017). I wondered, are any schools trying to explicitly teach these skills? At first, I had some difficulty finding anything. It took me some time to realize that these skills are in fact being taught in many schools, and much research has been conducted - only when teaching them in schools, interpersonal skills were being referred to as SEL.

### **Implementation**

In terms of a timeline, my goal is for this self-paced curriculum to be ready to implement for summer school (starting in June, 2021) in my district. I do not see any reason that this would not happen. After that, we should be able to continue to offer it as an elective course for students throughout the coming school years. There are two other ALCs in the district that I work at, and they will be able to implement this psychology curriculum for their students as well. In addition to the self-paced curriculum, I would like to create a traditional teacher-facilitated class that I would co-teach with our school

psychologist starting in the 2021-22 school year. I have not created this yet, but it would be relatively straightforward to adapt the resources and lessons from this project to a more traditional teacher-led class. In terms of other schools outside of my district adopting the curriculum, I hope to make it freely available to anyone online for anyone who wishes to use it.

I have a further goal, which I am less certain about achieving. This goal is to align the psychology course with science standards so that students could earn 9th grade science credit for completing this course. According to the Minnesota Department of Education, students must complete biology in 10th grade, and either physics or chemistry in 11th grade. 9th grade, however, does not have to be any particular science. So, if I was able to align the psychology lessons with science standards, students could potentially complete this class as one half of their 9th grade science credit. At the ALC, most of our focus goes towards students earning their core credits in math, science, social studies, and English. So if I were able to have students earn science credit for psychology, then many more students would be able to benefit from the course. I will continue to work on this through the rest of this spring to see if it is possible.

### **Implications and Limitations**

When I first started working on this project, I thought that it would be unique because of its approach to teaching mental health skills in a psychology class. After I discovered the DBT STEPS-A curriculum (Mazza et al., 2016), I realized this is not really the case. A psychology course may be a new context, but DBT skills have been taught in school classrooms before. I now believe that what makes my curriculum unique is combining the content of DBT skills with a focus on cultural responsiveness. I believe

that this is fertile ground for innovation, and hope that others further this work of teaching DBT in a culturally responsive manner. In many cases, students of marginalized populations are the ones who need a curriculum like this the most, and we need to provide this instruction in an inclusive, equitable way.

The self-paced structure of the course is an asset because it fits with our ALC's model of instruction, but it may be a limitation in terms of the course's usefulness to schools that are providing traditional whole-class, teacher-led instruction. That said, teachers may be able to use this course as a starting point to adapt for a traditional class. Also, as of right now many high school students are doing online learning. This course would work well as an online class to provide for students who are online. So, I hope that even though it is a somewhat unique structure, this course will prove useful to other schools or teachers. Our school psychologist has requested that I share a copy of the course with her when it is complete, so maybe it will prove useful to DBT therapists as well.

### **Conclusion**

It is hard for me to believe that this paper and the accompanying project are almost complete. I am proud of the work that I and the members of the psychology team at my district have done. This paper set out to answer the question: *how can we create an equitable psychology curriculum to teach students DBT skills in an ALC setting?* In the process of attempting to answer this question, I had to educate myself on a wide variety of issues. By researching and writing the literature review, I learned about American teenagers' mental health; the history of racism, sexism, homophobia, and transphobia in psychology; the education of marginalized groups in America over time and currently;

culturally responsive teaching; trauma; racial trauma; SEL; DBT; and more. In the paragraphs above, I also discussed how the curriculum will be implemented, along with some possible implications and limitations of the approach I took to creating it. I feel that I have grown as a teacher and professional during the creation of this capstone project, and I sincerely hope that the curriculum will prove engaging, relevant, and impactful to the lives of many future students. I will continue to edit and improve the curriculum as time goes on, as I observe how students interact with the material and solicit their feedback. Even though this project is nearing “completion”, I feel that nothing is truly ever done in life, and I will try to always continue learning!



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